



CARESTART COVID Antigen Test (FDA & EUA)

Approved for POC (CLIA Waived)

FEATURES

CLIA Waived

Point-of-Care

Rapid Result in 10 Minutes

100% Accurate

Background

Due to the highly contagious nature and global health crisis, SARS-CoV-2 has been designated as a pandemic by the World Health Organization (WHO) and continues to have devastating impacts on healthcare systems and the world economy including the U.S. To effectively end the SARS- CoV-2 pandemic, systematic screening and detection of both clinical and asymptomatic COVID-19 cases is critical.

Solution

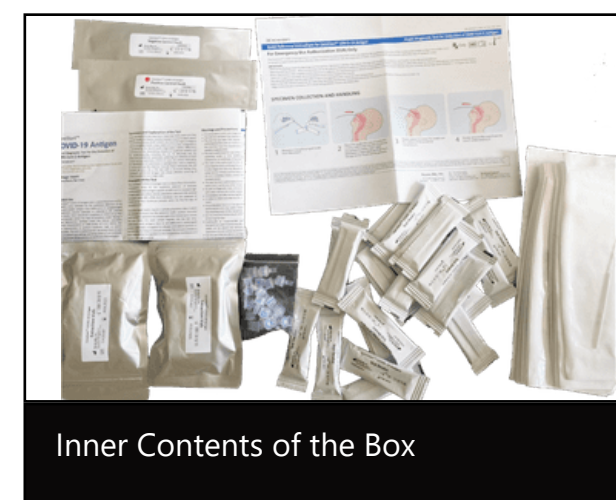
As an intended point-of-care (POC) designated test with a 10 minutes processing time, CareStart™ COVID-19 Antigen Test allows effective screening of COVID-19 infection on a large scale.

Unique Features of the Diagnostic Solution.

- No Instrumentation required (Visually read by naked eyes)
- Lateral flow assay
- Rapid results in 10 minutes
- Specimen used is nasopharyngeal swab
- Intended use at POC setting (i.e., in patient care settings) by medical professionals
- Detect SARS-CoV-2 nucleocapsid protein antigen
- Identify acute infection with high sensitivity of 88.7% and 100% specificity.



1 Covid Antigen test kit contains 20 tests in a Box



Inner Contents of the Box



147 W, 35th St, New York, NY,

10001 P: 718-428-2560 |

F: 678-868-4807

info@medlinkworld.com

Medicare

Claim Reference ID: [6457264907](#)
Status: 1 (Processed as Primary)
Total Claim Charge: **\$200.00**
Claim Payment Amount: **\$41.38**
Claim Filing Indicator Code: MB (Medicare Part B)
Payer Claim Control Number: 1120336866150
Facility Type Code: 11
Patient Name: (X)XXXXXXXXXX, (X)XX
Patient ID: (X)XXXXXXXXXX (Medicare Identification Number)
Claim Received: 12/01/2020
Outpatient Remark Codes: MA01

ClaimID	Svc Date	Proc / Units	Billed / Allowed	Adjustment / GRP/RC	Deduct.	Coins / Copay	Payment
25780	11/24/2020	87811 / 1	\$200.00 / \$41.38	\$158.62 / CO-45			\$41.38



Claim

Dates of Service
12/19/2020 - 12/19/2020

Processed Date
12/29/2020

Status
FINALIZED

Billed
\$463.13

Paid
\$72.01

Status as of 01/06/2021

- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

Check Number
N/A

Patient Account #

Contact Name
Aetna

Phone Number
(888) 632-3862

Dates of Service 12/19/2020 - 12/19/2020		Procedure Code 99203	Allowed N/A	Co-Insurance N/A	Co-Payment N/A	Deductible N/A	Status FINALIZED
Modifier 25	Quantity 1	Billed \$163.13	Paid \$30.63				

Status as of 01/06/2021

- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

Dates of Service 12/19/2020 - 12/19/2020		Procedure Code 99072	Allowed N/A	Co-Insurance N/A	Co-Payment N/A	Deductible N/A	Status DENIED
Quantity 1	Billed \$100.00	Paid \$0.00					

Status as of 01/06/2021

- Finalized/Denial The Claim/Line has been denied
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

Dates of Service 12/19/2020 - 12/19/2020		Procedure Code 87811	Allowed N/A	Co-Insurance N/A	Co-Payment N/A	Deductible N/A	Status FINALIZED
Quantity 1	Billed \$200.00	Paid \$41.38					

Status as of 01/06/2021

- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

1 Represents data elements that are not required by HIPAA for this transaction

eRemittance - GREATWESTHEALTHCARE-CIGNA

Payor : GREATWESTHEALTHCARE-CIGNA (133052274) , (62308) ,
 () 8505 E. ORCHARD RD
 GREENWOOD VILLAGE CO 80111

Date: 12/30/2020
 NPI:
 TIN:
 Reference ID: 602900452319
 Amount: \$76.27

Explanation of Payment

Claims: 1

(1)

Patient Name		Patient ID		Claim Status	1
Subscriber Name	-	Payer Claim ID		Claim Amount	\$416.60
Provider Name		Provider Claim ID		Paid Amount	\$76.27
Claim Statement Dates	12/18/2020 - 12/18/2020	Received Date	12/25/2020	Pt Responsibility	-

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
-	1	HC<99212<25	\$66.60	\$34.89	\$34.89 CO-45: \$31.71
		REM: N381			
-	1	HC<87811	\$200.00	\$41.38	\$41.38 CO-45: \$158.62
-	1	HC<99072	\$100.00	\$0.00	- CO-97: \$100.00
		REM: M15			
-	1	HC<99000	\$50.00	\$0.00	- CO-97: \$50.00
		REM: M15			

Adjustment Group Codes

CO : Contractual Obligations

Adjustment Reason Codes

- 45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
- 97 : The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- M15 : Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
- N381 : Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.

OVERALL CLAIM TOTALS

eRemittance - BCBS FEP

Payor : BCBS FEP (133052274) , (ANTHM) , (
PO BOX 7368 / GA081E-0014
COLUMBUS GA 31908

Date: 01/01/2021

NPI:

TIN:

Reference ID:3140109272

Amount: \$218.86

Explanation of Payment

Claims: 1

(1)

Patient Name		Patient ID		Claim Status	1
Subscriber Name	-	Payer Claim ID		Claim Amount	\$513.13
Provider Name	-	Provider Claim ID		Paid Amount	\$109.43
Claim Statement	- - -	Received Date	12/28/200	Pt Responsibility	\$100.00

Dates

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
12/18/2020 - 12/18/2020	1	HC<99203<25	\$163.13	\$102.63	\$102.63 CO-45: \$60.50
12/18/2020 - 12/18/2020	1	HC<87811	\$200.00	\$6.80	\$6.80 CO-45: \$193.20
12/18/2020 - 12/18/2020	1	HC<99072	\$100.00	\$0.00	- CO-97: \$100.00
12/18/2020 - 12/18/2020	1	HC<99000	\$50.00	\$0.00	- CO-97: \$50.00

(2)

Patient Name		Patient ID		Claim Status	1
Subscriber Name	-	Payer Claim ID		Claim Amount	\$513.13
Provider Name	-	Provider Claim ID		Paid Amount	\$109.43
Claim Statement	- - -	Received Date	12/28/200	Pt Responsibility	\$100.00

Dates

Claim Status Description : Processed as Primary

Serv Date	Units	Serv Code	Billed	Paid	Allowed Adjustments
12/18/2020 - 12/18/2020	1	HC<99203<25	\$163.13	\$102.63	\$102.63 CO-45: \$60.50
12/18/2020 - 12/18/2020	1	HC<87811	\$200.00	\$6.80	\$6.80 CO-45: \$193.20
12/18/2020 - 12/18/2020	1	HC<99072	\$100.00	\$0.00	- CO-97: \$100.00
12/18/2020 - 12/18/2020	1	HC<99000	\$50.00	\$0.00	- CO-97: \$50.00

Adjustment Group Codes

CO : Contractual Obligations

Adjustment Reason Codes

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- 97 : The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Claim Details

Patient: _____
 Claim #: _____ Patient Acct. #: _____
 Provider: _____ Settled Date: 01/06/2021
 Claim Type: Medical EPO/PPO
 Check/EFT #: 2021010611700020 Paid To: Provider

Subscriber Information

Service Date	Service Provided	CPT Code	Amount Billed	Basic Allowance	Deductible	Copay	Coinsurance	Benefits We Paid Toward This Claim	Note
12/19/2020	GENERAL MEDICAL CARE (OFF/OPD)	99213	\$150.00	\$47.00	\$0.00	\$30.00	\$0.00	\$17.00	
12/19/2020	87811	87811	\$200.00	\$41.38	\$0.00	\$0.00	\$0.00	\$41.38	
12/19/2020	99072	99072	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	WD7
12/19/2020	SPECIMEN HANDLING/TRANSPATION	99000	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	e26
TOTALS			\$500.00	\$88.38	\$0.00	\$30.00	\$0.00	\$58.38	

Adjudication Status: **In-Network**

[View Patient's Eligibility & Benefits](#)

\$112.48